



Delta Dental PPO Point-of-Service Benefit Features for STATE OF INDIANA – Group #9840

The following chart indicates the services covered by Delta Dental of Indiana. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

Effective - January 1, 2010

Covered Services -	PPO Dentist		Premier Dentist		Nonparticipating Dentist	
	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
Class I Benefits						
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments).	100%	0%	100%	0%	90%	10%
Emergency Palliative Treatment - Used to temporarily relieve pain.	100%	0%	100%	0%	90%	10%
Radiographs - X-rays	100%	0%	100%	0%	90%	10%
Sealants - Used to prevent decay of pits and fissures of permanent back teeth. Limited to 1 st molar to age 9, 2 nd molar to age 14.	100%	0%	100%	0%	90%	10%
Class II Benefits						
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care.	80%	20%	80%	20%	70%	30%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	20%	80%	20%	70%	30%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth.	80%	20%	80%	20%	70%	30%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings).	80%	20%	80%	20%	70%	30%
Relines and Repairs - Relines and repairs to bridges and dentures.	80%	20%	80%	20%	70%	30%
Single Crowns & Cores - Used when teeth can't be restored with another filling material.	80%	20%	80%	20%	70%	30%
Class III Benefits						
Prosthodontic Services - Used to replace missing natural teeth (for example, bridges and dentures).	60%	40%	60%	40%	50%	50%
Other Major Restorative Services (Inlays & Onlays) - Used when teeth can't be restored with another filling material.	60%	40%	60%	40%	50%	50%
Class IV Benefits						
Orthodontic Services (no age limit) - Used to correct malposed teeth (for example, braces).	60%	40%	60%	40%	50%	50%

Maximum Payment - \$1,000 per person total per benefit year on Class I, Class II and Class III benefits. Delta Dental's payment for Class IV benefits will not exceed a lifetime maximum of \$1,125 per eligible person.

Deductible - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year on Class II and Class III benefits. The deductible does not apply to Class I or Class IV benefits.

Customer Service toll-free number (800) 524-0149

www.deltadentalin.com

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.